




**Choptank Electric
Cooperative**

A Touchstone Energy[®]
Cooperative 

P.O. Box 430, Denton, MD 21629

Toll-Free: 1-877-892-0001

Z_info@choptankelectric.coop

www.choptankelectric.coop

Contractor/Vendor Application Packet

This Contractor/Vendor Application Packet includes the necessary materials for you to be considered for future work for Choptank Electric Cooperative (“Choptank” or “the Cooperative”). Please complete the Packet fully and to the best of your ability and return to the Cooperative per the instructions below. Incomplete Packets will not be considered. Submittal of this Packet does not guarantee future work with the Cooperative; however, it makes the Cooperative aware of your interest and fast-tracks the process in the event your company is selected for work.

Submittal of this Packet grants the Cooperative permission to contact your references and make inquiries, as needed, with local, state and federal agencies. The information you provide will remain on file for one (1) year from the date of receipt and will be removed from our records at that time.

If you have any questions regarding this Packet, please contact Sarah Dahl at 410-479-8613. Thank you for your assistance in completing this Packet.

Checklist

Please ensure you have completed or attached the following forms requested by the Cooperative:

- _____ Contractor/Vendor Information Summary Form
- _____ Copy of State of Maryland Business License
- _____ Copy of Additional Licenses (if requested)
- _____ Copy of Insurance Documentation Form
- _____ Proposed Contractual Rates (template provided, or submit in your standard format)
- _____ Supplier Diversity Form
- _____ IRS W-9 Request for Taxpayer Identification Number and Certification
- _____ Electronic Payment Form (optional)
- _____ Statement of OSHA Compliance

Return completed Packets to:

Choptank Electric Cooperative, Inc.
Attention: Sarah Dahl
P.O. Box 430
Denton, MD 21629-0430

Contractor/Vendor Information Summary

Please complete all applicable information to the best of your ability.

Company Name: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Office: _____ Mobile: _____

Email: _____

Summary of Proposed Work Activities: _____

Category:

Construction Vegetation Management Facilities Supplier Fleet Other

Federal Employee Identification #: _____

State of Maryland Business License #: _____

(Note: Based upon description of work, you may be asked to provide additional license information; such as but not limited to State of Maryland Pesticide License, etc.)

Insurance Company: _____

Insurance Policy #: _____ Phone Number: _____

(Please provide a copy of your company's insurance documentation form)

Please provide two (2) references for which you have performed work:

Name: _____

Name: _____

Organization: _____

Organization: _____

Phone #: _____

Phone #: _____

Proposed Contractual Rates

January 2021

Choptank Electric Cooperative, Inc.
P.O. Box 430
Denton, MD 21629

RE: 1/01/20_____ through 12/31/20_____ Rates

Dear Staff of Choptank Electric Cooperative,

Please find below the hourly rate for _____.

This rate would include all employee, equipment, and when necessary extended travel expenses. The hourly billing rate(s) would be as follows:

Specialized Activities 20_____

Unit / Description	Price/Hour
Verification of Rates (Initial Here)	

This billing rate would be in effect for the period specified above and is subject to change upon agreement of both myself and the Cooperative. I would like to thank you for the opportunity to submit the above rate. If you have any questions, please contact me at your convenience.

Regards,

Rate is accepted:

Signature

Date

Title

Supplier Diversity: Background and Definitions

Please use this information to complete the supplier diversity form that follows. Any information you choose to provide is voluntary and provided for the purpose of promoting diverse suppliers.

Choptank signed a Supplier Diversity Memorandum of Understanding (MOU) with the Maryland Public Service Commission (PSC).¹ This MOU encourages Choptank to provide the maximum reasonable opportunity for Diverse Suppliers to participate in and compete for contracts and subcontracts in Choptank's supply chain for goods and services. Per the MOU, a "Diverse Supplier" is defined as any legal entity that is:

1. Organized to engage in commercial transactions;
2. At least 51% owned and Controlled² by one or more individuals who are Socially and Economically Disadvantaged; and
3. Managed by, and the daily business operations of which are Controlled by, one or more of the Socially and Economically Disadvantaged Individuals who own it.

A Diverse Supplier includes a not-for-profit entity that is organized to promote the interests of physically or mentally disabled individuals.

A "Socially and Economically Disadvantaged Individual" means a citizen or lawfully admitted permanent resident of the United States who is in any of the following minority groups:

- African-American – an individual having origins in any of the black racial groups of Africa; or
- American Indian/Native American – an individual having origins in any of the original peoples of North America and who is a documented member of a North American tribe, band, or otherwise has a special relationship with the United States or a state through treaty, agreement, or some other form of recognition. This includes an individual who claims to be an American Indian/Native American and who is regarded as such by the American Indian/Native American community of which the individual claims to be a part, but does not include an individual of Eskimo and Aleutian origin; or
- Asian – an individual having origins in the Far East, Southeast Asia, or the Indian subcontinent, and who is regarded as such by the community of which the person claims to be a part; or
- Hispanic – an individual of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race, and who is regarded as such by the community of which the person claims to be a part; or
- Service-Disabled Veteran – A veteran who possesses a disability rating letter issued by the Department of Veterans Affairs, establishing a service-connected rating between 0 and 100% or a disability determination from the Department of Defense; or

¹ <http://www.psc.state.md.us/wp-content/uploads/Choptank-MOU2.pdf>

² "Control" means exercising the power to make policy decisions.

- Physically or mentally disabled – an individual who has an impairment that substantially limits one or more major life activity, who is regarded generally by the community as having such a disability, and whose disability has substantially limited his or her ability to engage in competitive business; or
- Women – a woman, regardless of race or ethnicity.

The PSC has also ordered that Choptank track and report data on contracts with three additional categories³:

- Veteran-owned businesses
- Lesbian, Gay, Bisexual, and Transgender + (LGBT+)-owned businesses
- Tier II indirect spend – the amount that a prime contractor spends with other vendors in support of their overall business and job-specific operations.

³ See PC 16 Public Determination dated September 5, 2019, available at <https://www.psc.state.md.us/search-results/?keyword=226689&x.x=0&x.y=0&search=maillog>

Supplier Diversity Form

A. Contact name and information to verify supplier diversity qualifications:

Name: _____
Address: _____
Phone: _____ Email: _____

B. Service(s) or product(s) you will provide to Choptank Electric:

C. Classification (Please check all that apply):

Choptank Electric may request additional information based upon the items in this section that are marked. For more information on the definitions associated with Supplier Diversity, please refer to the information provided on the previous two pages or to the Maryland Public Service Commission’s Supplier Diversity website at: http://webapp.psc.state.md.us/Intranet/utility/sdiversity_new.cfm.

- Not-for-profit entity organized to promote the interest of physically or mentally challenged persons
- African American-owned business (51% ownership)
- American Indian / Native American-owned business (51% ownership)
- Asian-owned business (51% ownership)
- Hispanic-owned business (51% ownership)
- Service-Disabled Veteran-owned business (51% ownership)
- Veteran-owned business (51% ownership)
- Physically or mentally disabled-owned business (51% ownership)
- Women-owned business (51% ownership)
- LGBT+-owned business (51% ownership)
- None of the above / Decline to answer

D. Are you a Tier II business hired by the prime contractor?

- YES
- NO

E. Are you certified by a Third-Party Certifying Agent?

- YES – Please list the Agent’s name: _____
- NO

F. Please identify which North American Industry System (NAICS) 6-digit code number classification your service(s) and or product(s) fall under. (See www.naics.com/search.htm for a search engine listing all NAICS codes.)

Service / Product:	_____	NAICS 6 Digit Code:	_____
Service / Product:	_____	NAICS 6 Digit Code:	_____
Service / Product:	_____	NAICS 6 Digit Code:	_____
Service / Product:	_____	NAICS 6 Digit Code:	_____

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	CHOPTANK ELECTRIC COOPERATIVE PO BOX 430 DENTON, MD 21629	
7 List account number(s) here (optional)		

TERMS:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
		-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Electronic Payment Form (Optional)

PLEASE NOTE: Submittal of this form is optional. If you choose to submit this form, it will expedite payment in the event you are selected to perform work and/or provide services.

Vendor Name: _____

ACH/Direct Deposit

Please provide:

Bank Name: _____

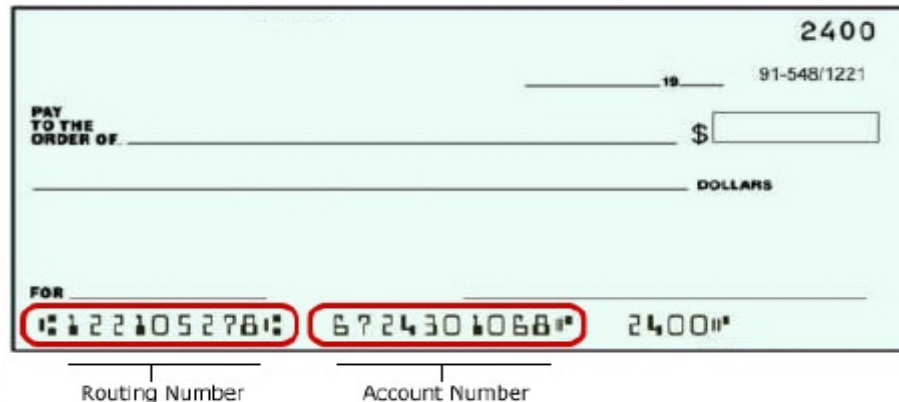
Bank Telephone #: _____

Account Type: (Please Check One) Checking Savings

Bank 9 Digit Routing #: _____

Account #: _____

Email Address for Payment Verification: _____



Please provide your information by either email or mail to:

apinvoice@choptankelectric.coop

OR

Choptank Electric Cooperative
Attention: Nikki Welzel
PO Box 430
Denton, MD 21629

PLEASE NOTE: TO ENSURE TIMELY PAYMENT OF ALL INVOICES TO YOUR DESIRED ACCOUNT, INVOICE MUST BE SUBMITTED BY EMAIL TO: apinvoice@choptankelectric.coop

Statement of OSHA Compliance

CONTRACTOR'S STATEMENT OF COMPLIANCE WITH THE OCCUPATIONAL SAFETY AND HEALTH ACT

_____ is proposing to perform services for
(Name of Contractor)

Choptank Electric Cooperative, Inc., and hereby certifies to the following:

_____ has knowledge of the Occupational
(Name of Contractor)

Safety and Health Act (OSHA) with additions, revisions and/or modifications as well as any state and local regulations or requirements.

Our employees and equipment will comply with the Act and/or additions, revisions, and/or modifications and any present or future state and local regulations or requirements.

Our company will be responsible for any infraction of the Occupational Safety and Health Act requirements, additions, revision, and/or modifications and any state and local regulations or requirements.

ATTEST:

Contractor

Secretary or Witness

By: _____

Title: _____

Date: _____